



# Health and Social Services

## Health Care Commission Long Term Care

Presented on April 1<sup>st</sup>, 2011 by

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# AGENDA

- I. Introduction
- II. Definition of Long Term Care – Who's Being Served
- III. History of Long Term Care – How Did We Get Here
- IV. What Services are Provided and By Whom
  - i. Skilled Nursing Facilities
  - ii. Pioneer Homes
  - iii. Home and Community Based Services
  - iv. Tribal Health
- V. What's Missing In The System
  - i. Senior Survey and Forums
  - ii. Long Term Care Housing Needs
  - iii. Skilled Nursing Facilities, Pioneer Homes, & Home and Community Based Services
- VI. Future Activities
- VII. Questions

# DEFINITION OF LONG TERM CARE (LTC)

- Meets both medical & non-medical needs
- Provides custodial & skilled care
- Requires the expertise of skilled practitioners
- Can be provided at:
  - ✓ Home
  - ✓ Community
  - ✓ Assisted Living
  - ✓ Nursing Home
- Provides care for:
  - ✓ People with disabilities of any age
  - ✓ People with traumatic brain injury
  - ✓ People with persistent and severe behavioral health
  - ✓ Seniors



# CONTINUUM OF CARE

HOME  
CARE

ASSISTED  
LIVING

NURSING  
HOME

HOSPITAL

ACUITY



# HISTORY OF LONG TERM CARE: PROGRESS STEPS

1. Provision of in-home services by home care agencies:
  - a. Medically related home health services
  - b. Personal care assistance
2. 1994, Home and Community Based Care Waivers had been added to the state Medicaid programs.
3. 1990, Harborview was closed.
4. Public policy shifted to provide supports for gainful employment by persons with physical disabilities

# HISTORY OF LONG TERM CARE: IMPACT

1. Get ready for work each day and maintain themselves in their own homes became a reality for hundreds of adults with physical disabilities.
2. Alaska has the second fewest nursing home beds per 1,000 people 65 years and over among all 50 states.
3. Several thousand seniors and other disabled Alaskans have chosen the CHOICE Medicaid home care waiver services, including PCA, over nursing homes.

# SKILLED NURSING FACILITIES: HISTORY OF NURSING HOMES



Before the Great Depression, most of the institutionalized elderly were confined in almshouses along with the “retarded, the insane and immoral”.



IN THE POORHOUSE AT CHARLESTOWN.



# SKILLED NURSING FACILITIES: HISTORY OF NURSING HOMES



The Social Security Act was signed by President Roosevelt on August 14, 1935. The Act included Old Age Assistance to retired workers. To discourage almshouse living, however, people living in public institutions were not eligible for the payments. That paved the way for the opening of a variety of private old-age homes, so that people could live in a care facility and still collect the Old Age Assistance payments.



# EVOLUTION OF NURSING HOMES

Nursing facilities are providing levels of care and service that were previously only given in an acute care setting

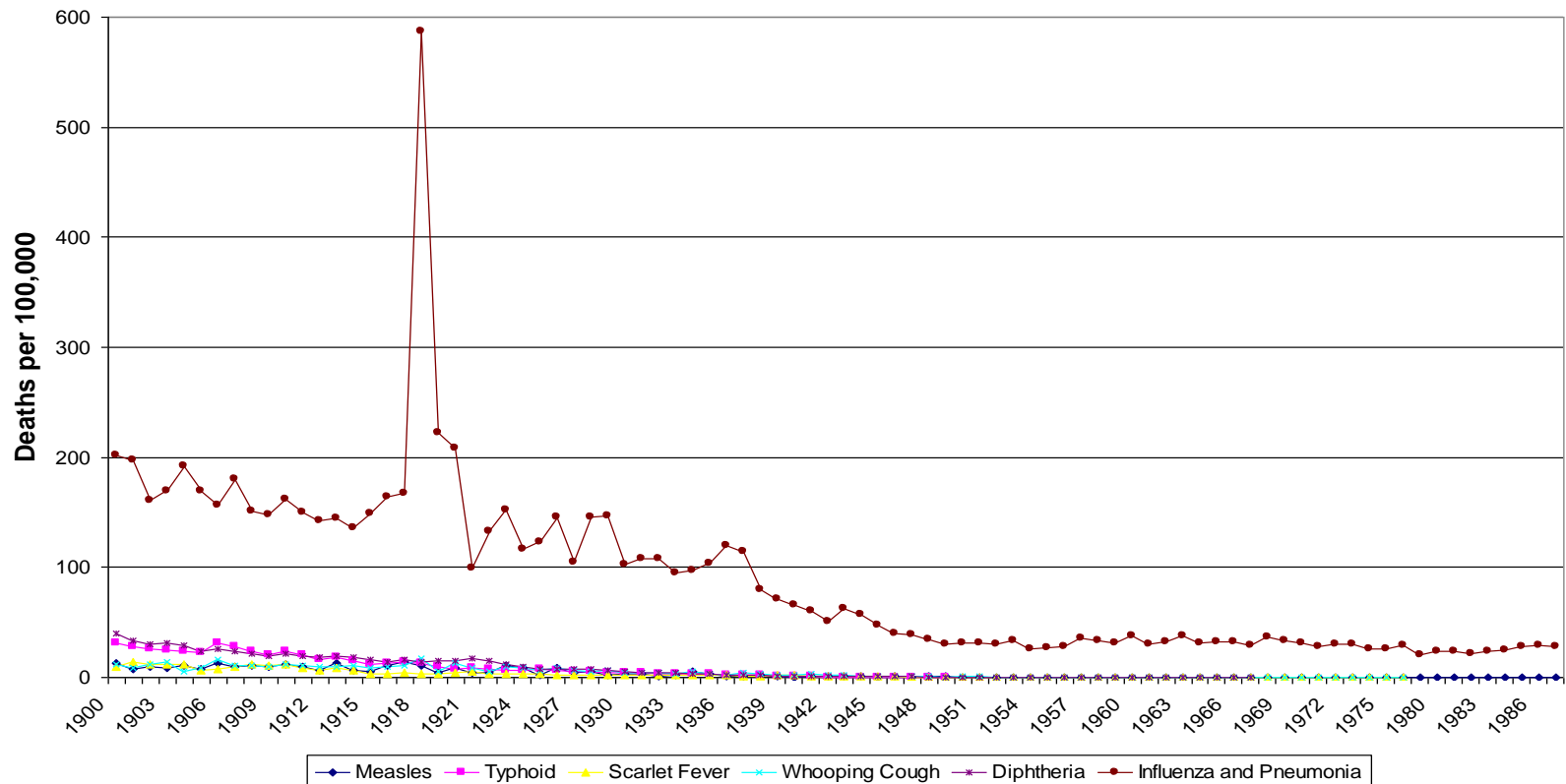
WHY?



- Changes in Health Care Needs
- Changes in the Hospital Reimbursement System
- Development of Home Health Care & Assisted Living Homes

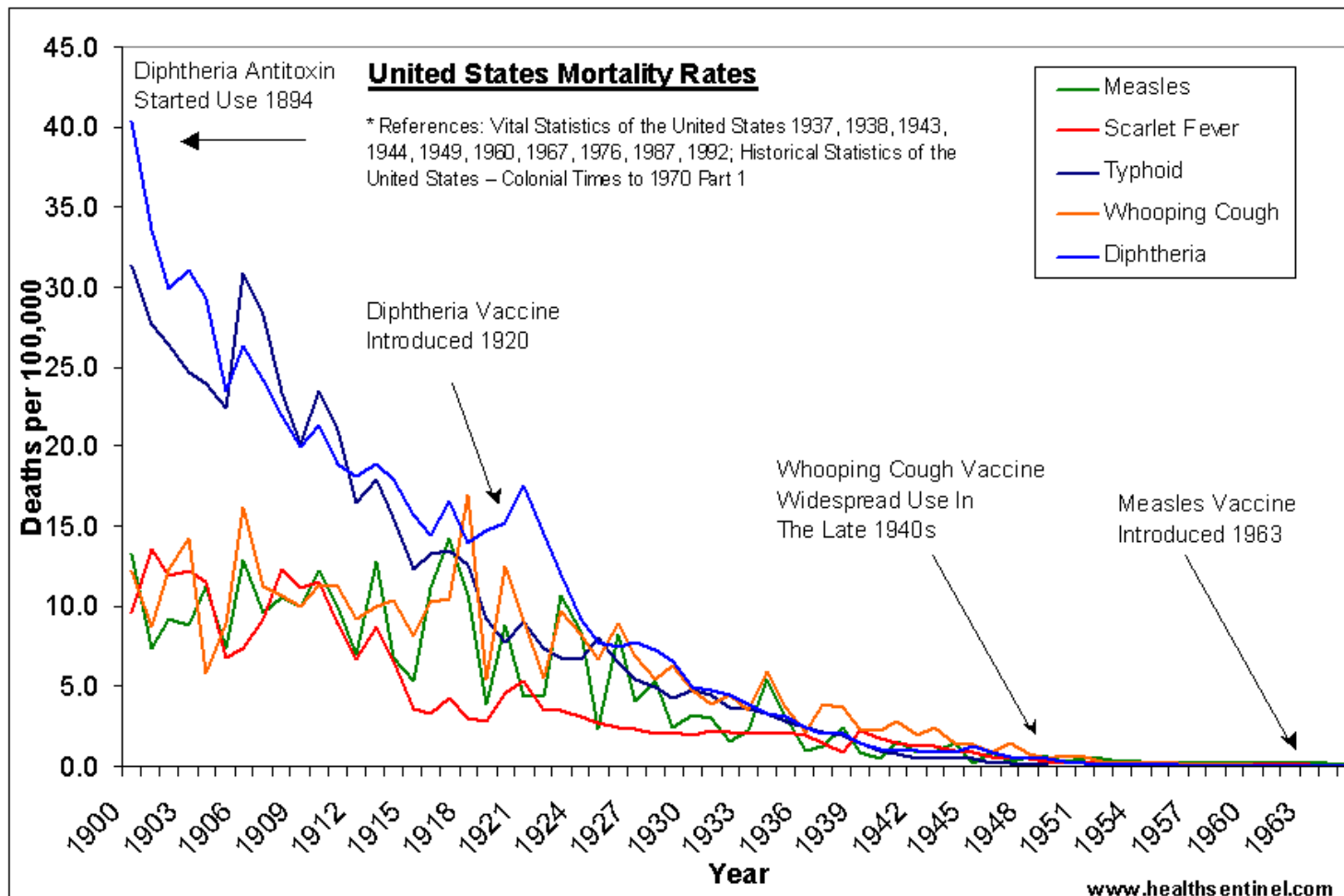
# CHANGES IN HEALTH CARE NEEDS

United States Mortality Rates 1900-1987



In 1900, the major health problems stemmed from acute infectious diseases such as influenza and pneumonia.

# CHANGES IN HEALTH CARE NEEDS



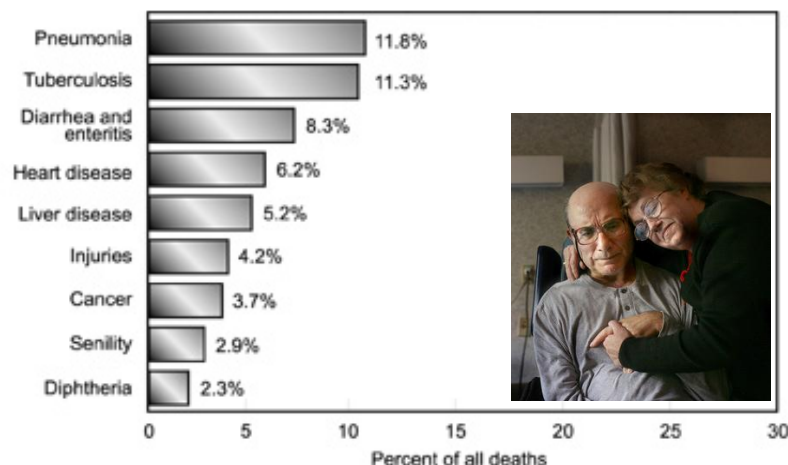
People usually recovered or died rapidly from those diseases.

# CHANGES IN HEALTH CARE NEEDS

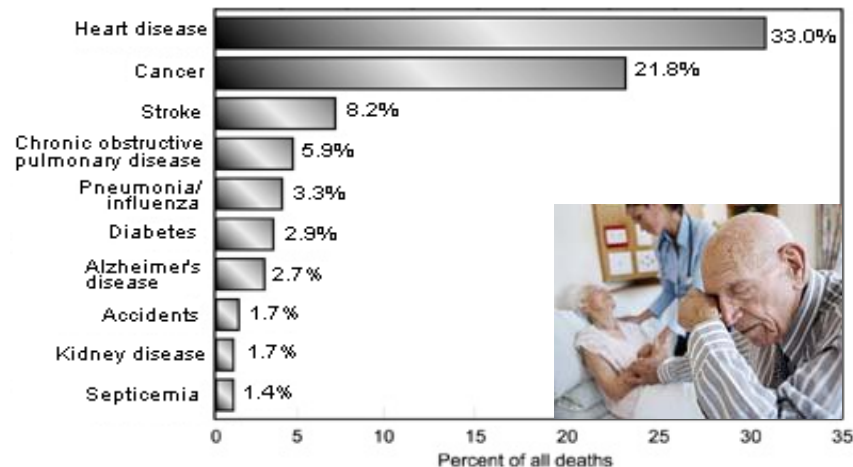
By mid-century, three chronic conditions alone – heart disease, cancer, and stroke – accounted for more than 50 percent of deaths.

Today, these chronic illnesses along with chronic lower respiratory diseases are the four predominant cause of death.

Leading Causes of Death, 1900



Leading Causes of Death, 2000



# CHANGES IN THE HOSPITAL REIMBURSEMENT



- In the mid-1980s, Medicare introduced a new payment system for hospitals based on diagnosis-related groups.
- In essence, a hospital is paid a set rate according to the patient's particular diagnosis.
- If the hospital can provide all the care necessary within that rate, it can make a profit. If the care costs more, it loses money.
- The incentive for the hospital, therefore, is to discharge patients as quickly as possible – usually to a nursing home.

# CHANGES IN HEALTH CARE NEEDS DEVELOPMENT OF HOME HEALTH CARE & ASSISTED LIVING HOMES



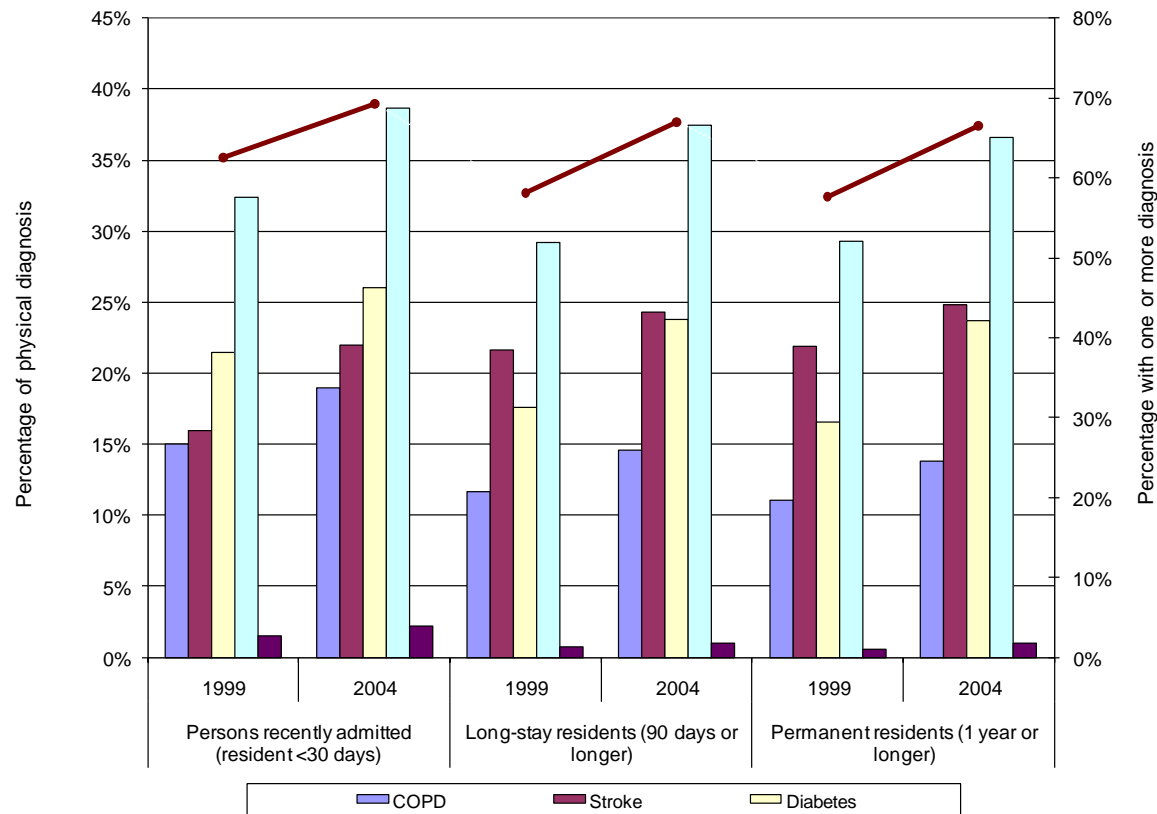
➤ The growth in these areas has been facilitated by the development of in-home medical technologies.

➤ Cases that were once cared for in nursing homes are now no longer appropriate for the level of care provided in the nursing home.



# THE ACUITY OF THE RESIDENTS INCREASES EACH YEAR

DIAGNOSES OF NURSING HOME RESIDENTS



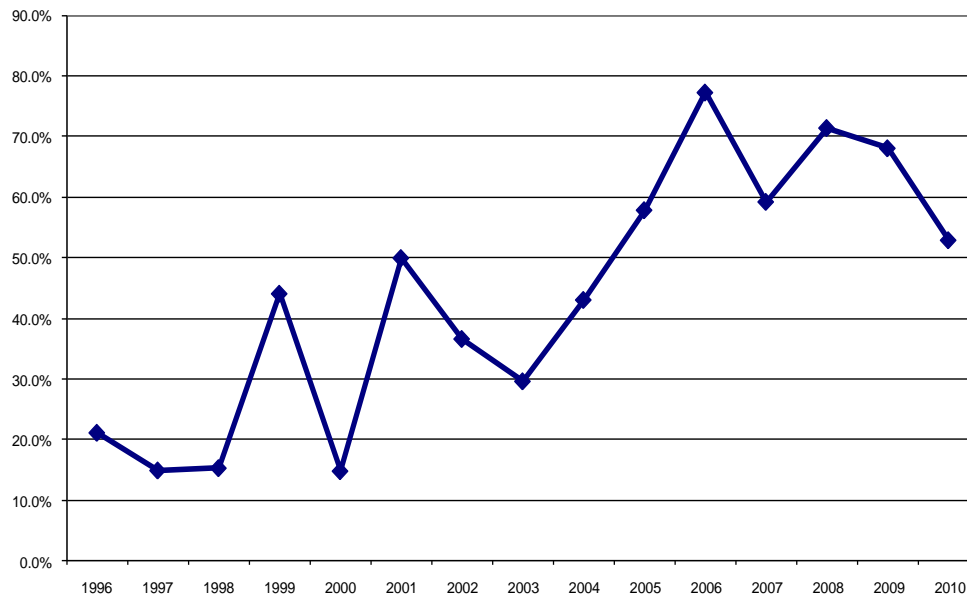
➤ A study by the Kaiser Commission for the years 1999 to 2004 show disease prevalence was higher, and multiple conditions were more common, among nursing home residents in 2004, compared to 1999, indicating an increasingly sicker population

➤ 69% had one or more of 5 physical diagnoses (COPD, stroke, diabetes, heart disease, hip fracture) in 2004, compared to 62% in 1999.



# THE ACUITY OF THE RESIDENTS INCREASES EACH YEAR

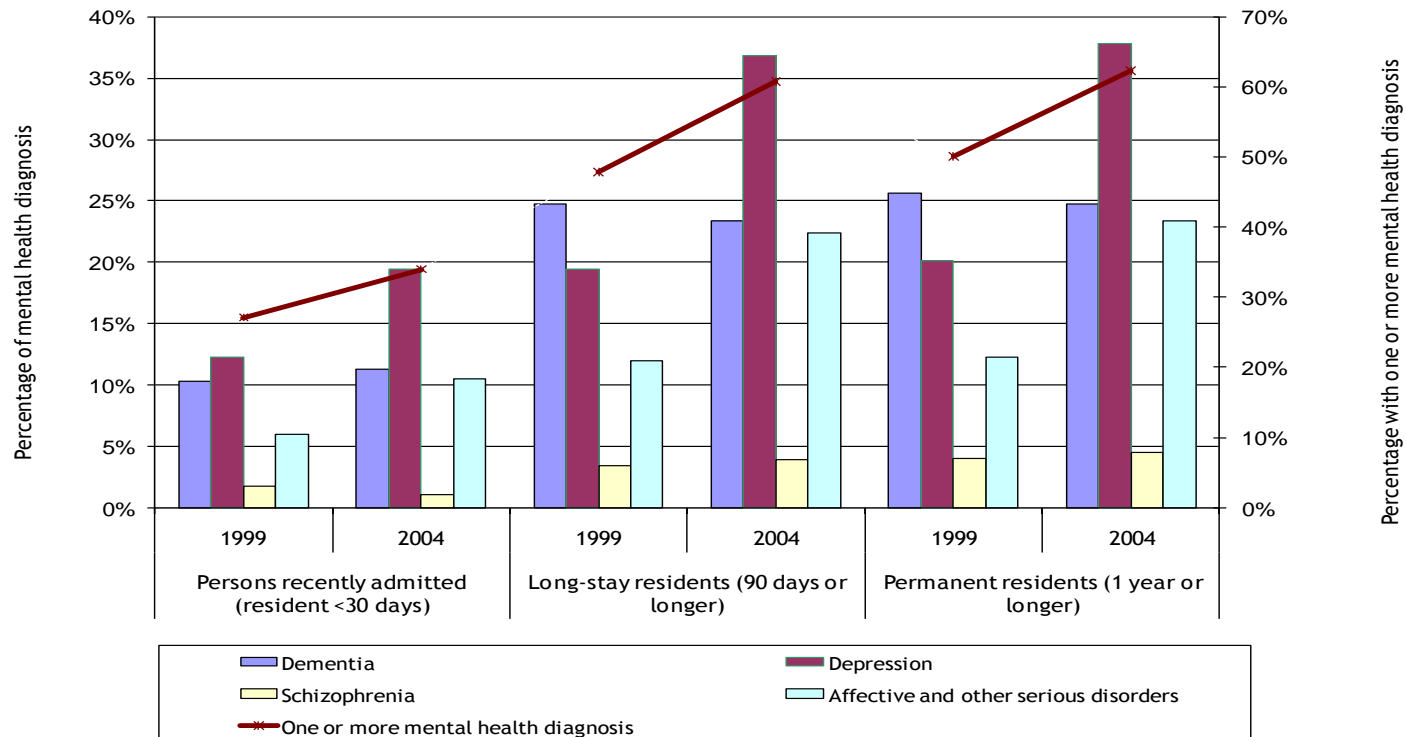
PERCENTAGE OF RESIDENTS WITH 9 OR MORE  
DIAGNOSIS  
WILDFLOWER COURT



- Wildflower Court has experienced this change. The number of residents admitting to Wildflower Court with nine or more diagnosis has increased from an average of 20.2% in the 1990's to the past six year average of 64.8%.

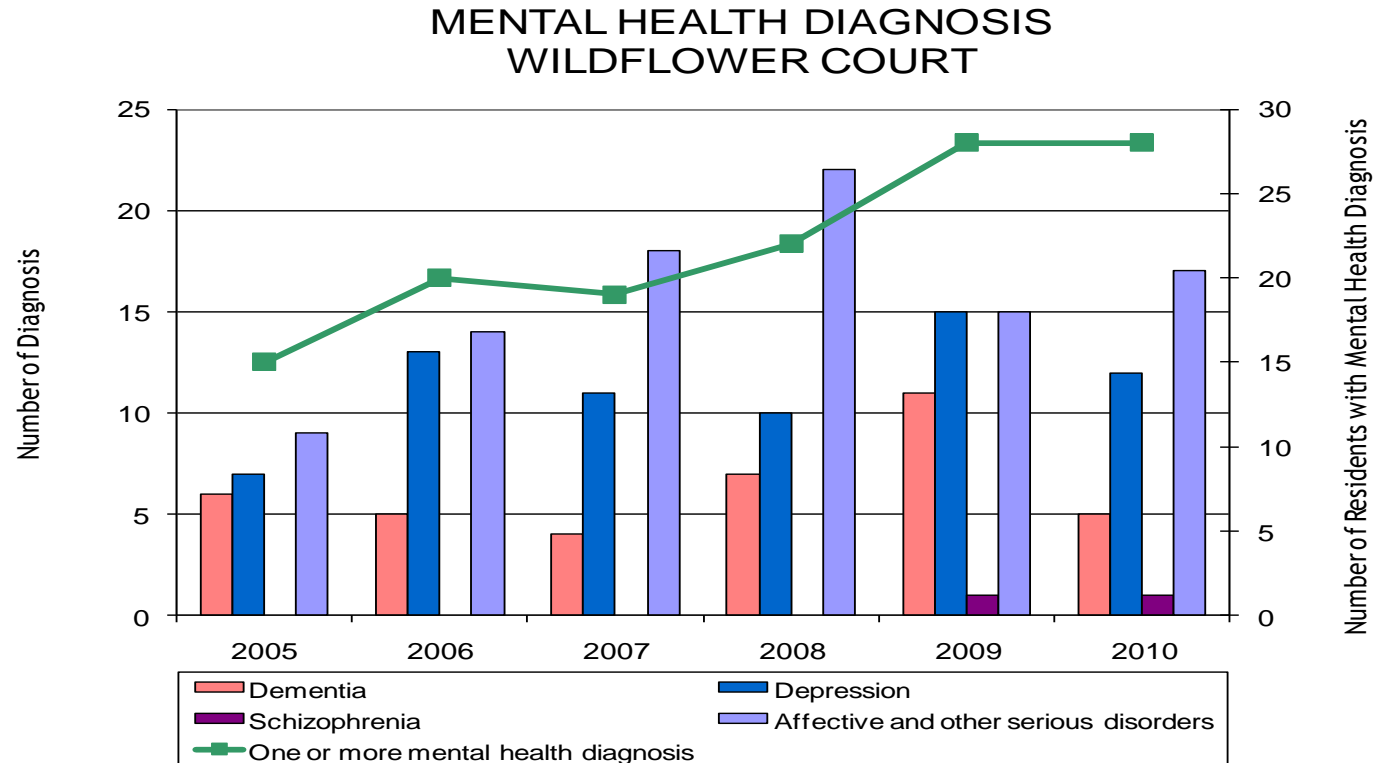
# MENTAL HEALTH ISSUES

PERCENTAGE OF RESIDENTS WITH MENTAL HEALTH DIAGNOSIS



- The nursing home has come to play a bigger and bigger role in the care of individuals with mental health problems.

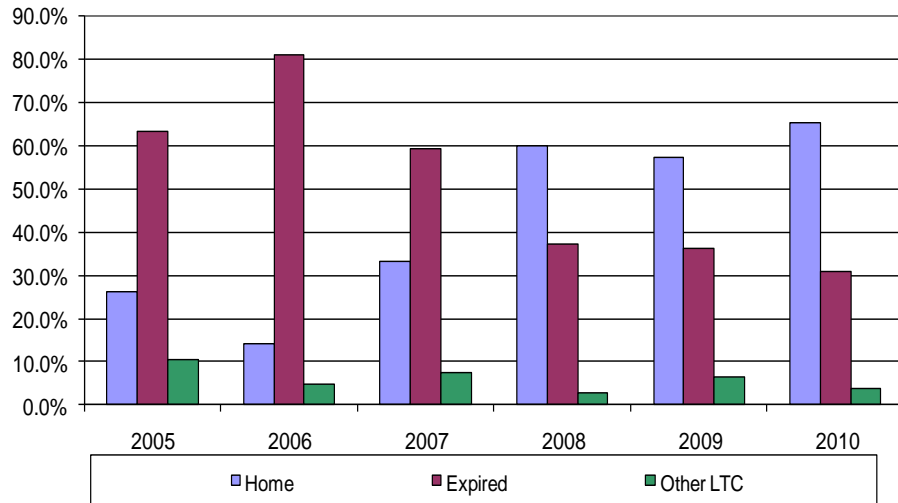
# MENTAL HEALTH ISSUES



- A study by the Kaiser Commission for the years 1999 to 2004 showed nationally the proportion with one or more mental or cognitive diagnoses (dementia, depression, schizophrenia, affective and other serious disorders) increased (34% compared to 27% in 1999)

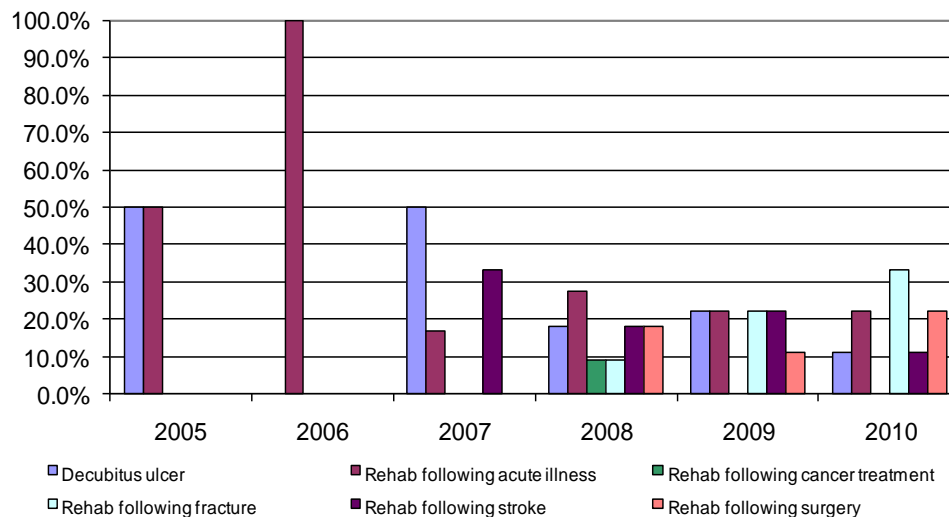
# MORE RESIDENTS ARE DISCHARGED TO HOME

DISCHARGES FROM WILDFLOWER COURT



- The trend over the past 6 years is more residents are admitting for short term care and are being discharged to home.

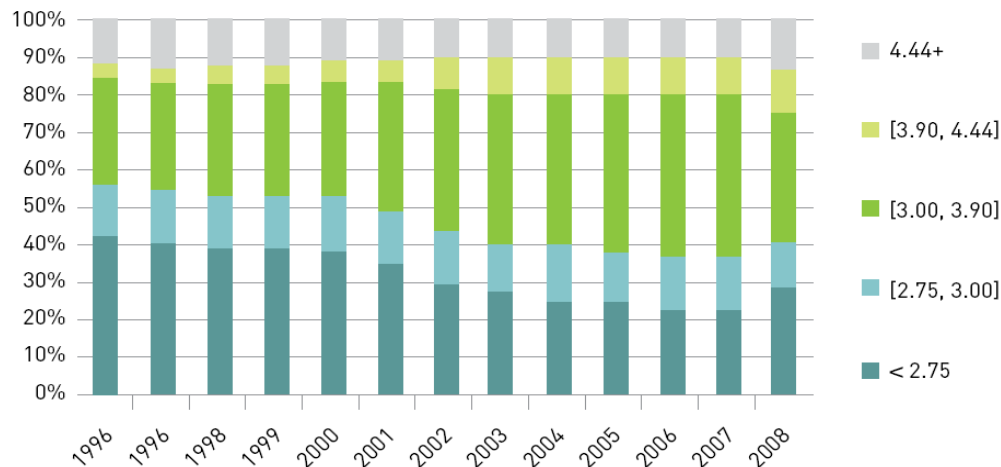
REASONS FOR ADMISSION FOR RESIDENTS DISCHARGED HOME



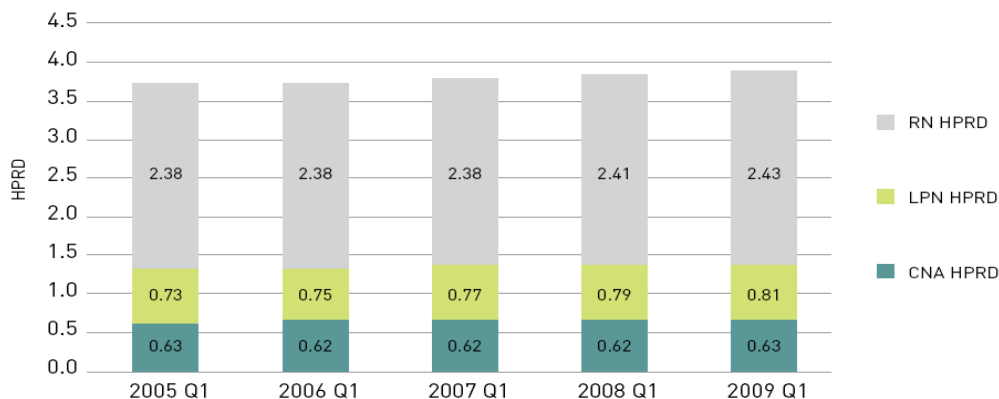
- The reasons for admission for the residents who discharged to home are becoming more varied requiring more diverse skills of the staff.

# STAFFING CHANGES

Total Direct Care Staff (RN+LPN+CNA) HPRD, 1996-2008



Trends in Nursing Home Staffing  
Average National HPRD over time  
All Facilities



The increased complexity of the residents has mandated a growth in the number of aides per resident day, the number of licensed practical nurses per day and in the number of RNs per resident day

# PIONEER HOMES

There are six Alaska Pioneer Homes which are licensed assisted living homes for Alaska residents 65 and older.



# PIONEER HOMES: SERVICE TYPES

## ➤ Level I:

- ✓ Housing
- ✓ Meals
- ✓ Emergency assistance
- ✓ Opportunities for recreation
- ✓ Does not include staff assistance with activities of daily living, medication administration, or health-related services, although the Alaska Pioneer Home Pharmacy may supply prescribed medications.





# PIONEER HOMES: SERVICE TYPES

## ➤ Level II:

- ✓ Housing

- ✓ Meals

- ✓ Emergency Assistance

- ✓ Does include staff assistance with activities of daily living, medications administration, recreation, and health-related services.

- ✓ During the night shift, the resident is independent in performing activities of daily living and capable of self-supervision.



# PIONEER HOMES: SERVICE TYPES

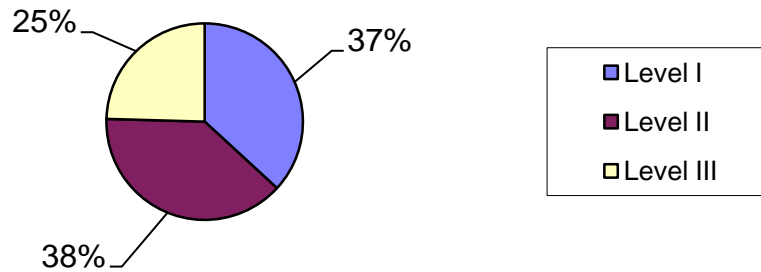
## ➤ Level III:

- ✓ Housing
- ✓ Meals
- ✓ Emergency assistance
- ✓ Does include staff assistance with activities of daily living, medications administration, recreation, and health-related services
- ✓ Hands-on assistance, with the staff member performing the majority of the effort
- ✓ Maybe a 24-hour assistance service

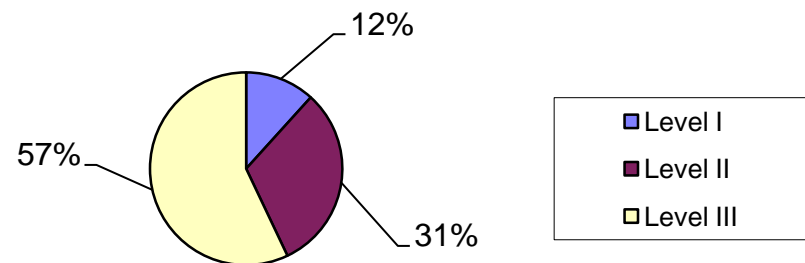


# PIONEER HOMES: OCCUPANCY

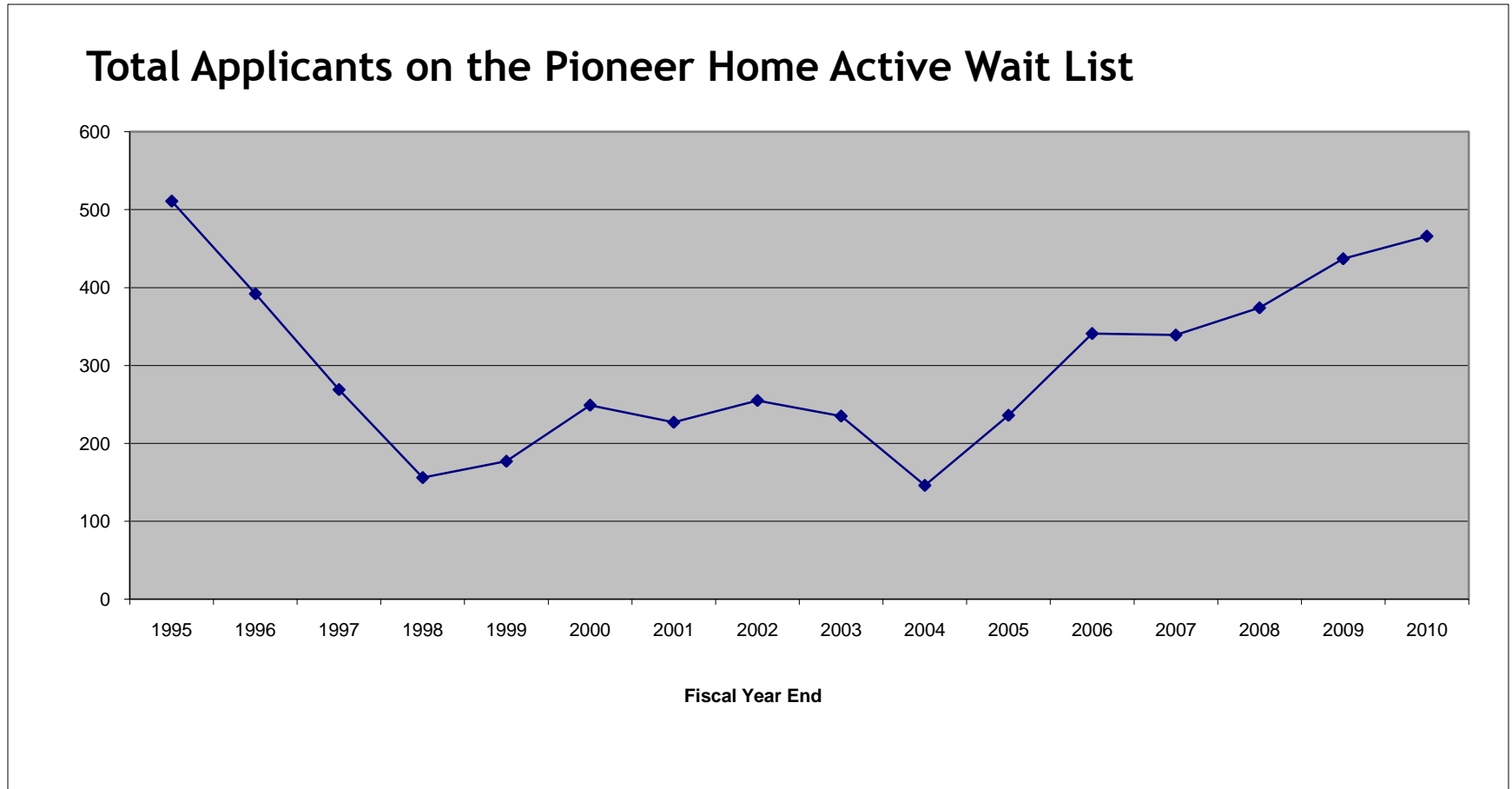
June 30, 1995 Occupancy



June 30, 2010 Occupancy



# PIONEER HOMES: WAIT LIST



The Alaska Legislature established in regulation (7 AAC 74.060) a waitlist methodology to fairly manage requests to enter a Pioneer Home.

# HOME AND COMMUNITY BASED SERVICES

- Information and referral
- Congregate and home delivered meals
- Transportation
- Homemaker and chore
- Home modifications
- Care coordination/case management
- Respite care
- Adult day centers
- Program for All-inclusive Care for the Elderly (PACE)
- Personal care services

# HOME AND COMMUNITY BASED SERVICES

- Residential Habilitation:
  - ✓ Group homes
  - ✓ Supported living or in-home supports
  - ✓ Family Habilitation
- Day Habilitation
- Supported Employment/Vocational Training
- Intensive Active Treatment/Nursing Oversight
- Assisted living
- Home health
- Palliative care/Hospice
- Peer Support
- Crisis Intervention
- Psychosocial Rehabilitation



# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM: ROLE IN LONG TERM CARE

1. Jointly manage Alaska Native Medical Center
2. Statewide tribal health coordination and collaboration:
  - a. Alaska Tribal Health System Long Term Care Committee
  - b. Alaska Native Elder Health Advisory Committee
  - c. Medical Services Networking Committee/Clinical Directors Committee
3. Focus on home and community based and residentially based care



# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM: BACKGROUND

- Alaska Native population living longer:
  - ✓ Current estimates are 8,000 over 65 today
  - ✓ Number will more than double in 20 years
- Majority live in Alaska's rural and very remote communities:
  - ✓ Migration into more urban communities
    - Access to health facilities
    - Family/economic factors
- Significant need for long term care among younger, disabled Alaska Native people
- Indian Health Service has not historically funded long term care

# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM: BENEFITS TO THE STATE

- 100% FMAP for Medicaid LTC services provided to Alaska Native people by tribal health organizations
- Annual savings to the State General Fund

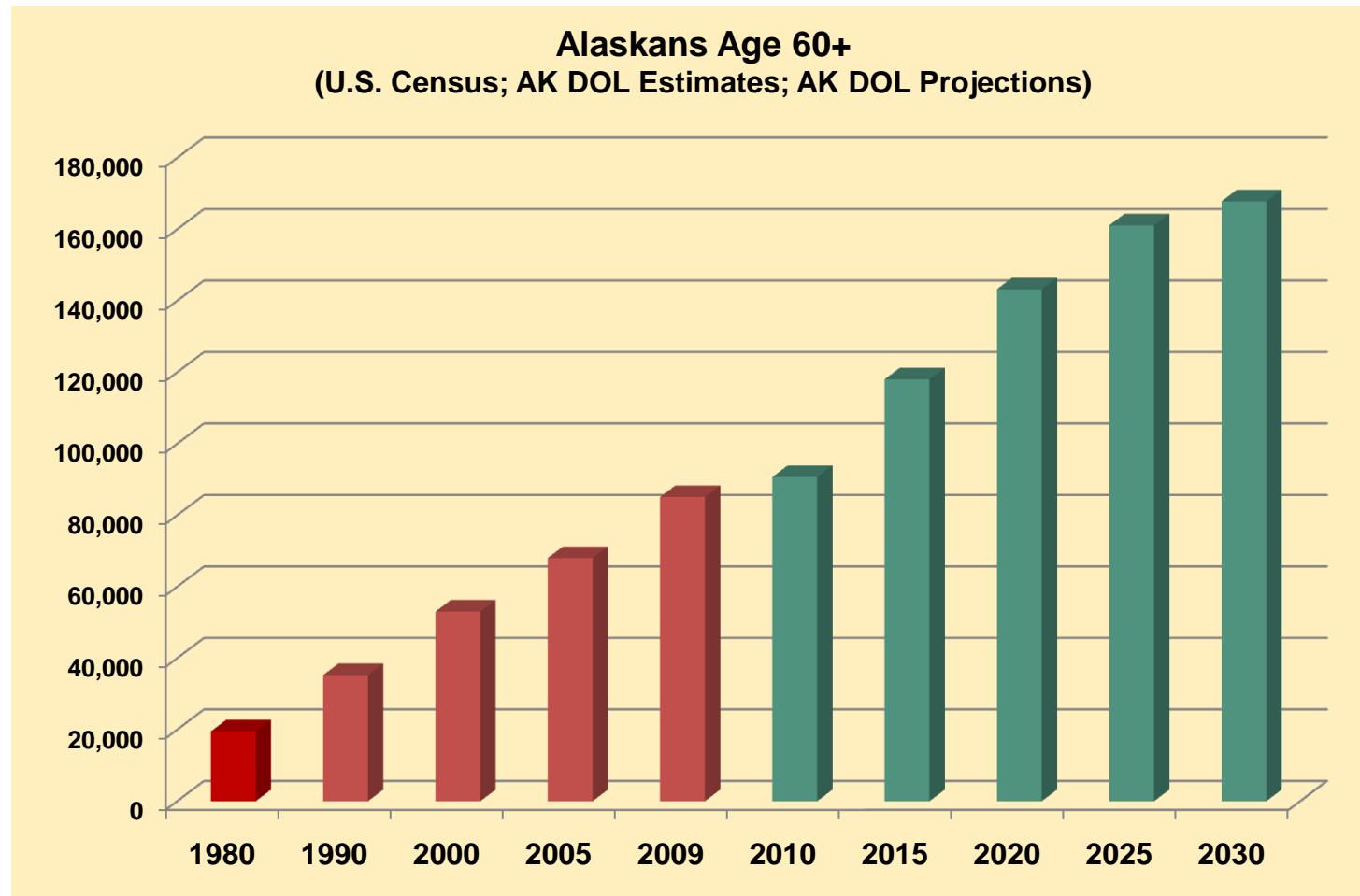


# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM: CHALLENGES AND GAPS IN LTC

- Home and community based services not widely available in rural areas:
  - ✓ ATHS LTC committee working with DHSS to increase availability and access
  
- Few options for residential LTC in rural Alaska:
  - ✓ Current facilities in Nome, Kotzebue, Dillingham and Tanana
  - ✓ Facilities funded for construction in Bethel and Kotzebue
  - ✓ Facility for Anchorage partially funded

# Alaska Commission On Aging: Senior Survey

## Elder Senior Community Forums



**Growth of Alaska's Senior Population 1980-2030**

# WHAT'S MISSING IN THE SYSTEM: SENIOR SURVEY AND FORUMS

## NEEDS ASSESSMENT & METHODOLOGY FOR DEVELOPMENT OF ALASKA STATE PLAN FOR SENIOR SERVICES, FY 2012-2015

- **Senior Survey:** 4-page survey for Alaskans age 50 and older; distributed through the Senior Voice, senior meal programs, and other methods; received 3,222 responses from Alaskans 50 years and older with 2,836 coming from seniors 60 years+.
- **Provider Survey:** On-line questionnaire about current and projected senior needs and service usage; received 50 responses.
- **Six Elder-Senior Community Forums:** Anchorage, Fairbanks, Juneau, Kotzebue, Bethel, and the Alaska Native Tribal Health Consortium Elders Committee

# WHAT'S MISSING IN THE SYSTEM: SENIOR SURVEY AND FORUMS

## FINDINGS ON SERVICE GAPS IN THE CONTINUUM OF CARE FOR OLDER ALASKANS

### ➤ **Senior Survey**

- ✓ Health Care
- ✓ Financial Security
- ✓ Housing
- ✓ Use of Senior Services



### ➤ **Provider Survey**

- ✓ Serving more seniors with limited funding
- ✓ Workforce
- ✓ Financial security, health care & senior hunger
- ✓ Additional long-term supports for seniors

# WHAT'S MISSING IN THE SYSTEM: SENIOR SURVEY AND FORUMS

## FINDINGS ON SERVICE GAPS IN THE CONTINUUM OF CARE FOR OLDER ALASKANS

### ➤ **Elder-Senior Community Forums**

- ✓ Access to primary care
- ✓ Expansion of long-term care support services; limited Medicaid services in rural areas
- ✓ Senior housing, senior homelessness, seniors with complex behavioral health needs
- ✓ Transportation
- ✓ Services for people with ADRD, cognitive disabilities, brain injury, & behavioral health needs
- ✓ Caregiver support & training
- ✓ Elder Safety
- ✓ Information & Referral
- ✓ Hospice & End of Life Care



# Alaska Mental Health Trust

## Housing Focus Area Goals

Supported housing stock – the backbone of long term care services

- Technical assistance and assessment.
  - Improving capacity to maintain the social service component needed for successful housing programs
  - Direct support for social service agencies struggling to maintain housing programs
- Piloting programs to more effectively serve Trust beneficiaries
  - Special Needs Housing grant program adaptations to incorporate resources needed for projects to ‘pencil’
  - Work with the Department of Health and Social Services to coordinate services, including multi-agency partnerships and shared treatment plans.



# Alaska Mental Health Trust

## Housing Focus Area Goals

### Why focus on housing?

- Housing in the community with supportive services is cost effective when compared to skilled nursing and residential assisted living
- State responsibility to maintain home and community based options for people with disabilities and mental illness (Olmstead decision under the Americans with Disabilities Act)

Supported housing is key to stability for residents:

Programs in Seattle, Anchorage and Sitka have demonstrated health outcomes for residents

- 30% reduction in drinking for people with abuse history in supported housing
- Increased access to health services and decreased use of emergency level services
- Stability in housing led to engagement with community and increased mental and physical health outcomes

# FUTURE ACTIVITIES

- Review past studies & LTC Plans to identify Alaska LTC recommendations.
- Provide LTC recommendations in May, 2012
  - Questions??



Thank you for your participation!